



## PERMANENT SUSPENSION OF AUTOMATIC PAYMENT (ACH Payment)

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Account Number:
Customer Name (as listed on account):
Service Address:
Bank Name:
Routing (ABA) Number:
Account Number:

I, \_\_\_\_\_ further understand

- I understand permanent suspension of the automatic payment from my account must be given at least one week prior to the date of the withdrawal as described in Section One, Subsection F of Ordinance 31-2006.
- I further understand this request is a permanent suspension and I must re-apply for the ACH Payment service to participate at a later date.
- I further understand payment is expected by the due date as prescribed on the monthly utility account statement; otherwise, I will be responsible for any and all penalties
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Signed: \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_